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**** CONTINUING DATA *******
 none Btz 7/16/06

**** FOREIGN APPLICATIONS *******
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IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY AUSTRALIA	SHEETS DRAWING 4	TOTAL CLAIMS 73	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Robert G. Gadd</i> Examiner's Signature	<i>Btz</i> Initials			

ADDRESS
22506

TITLE
Cochlear electrode array

FILING FEE RECEIVED 1940	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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